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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6751

SERIAL NUMBER 09/302,336	FILING DATE 04/29/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. 54839USA3A
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APPLICANTS

RICHARD FRANCIS AVERILL, SEYMOUR, CT;

JON EISENHANDLER, BRISTOL, CT;

NORBERT ISRAEL GOLDFIELD, NORTHAMPTON, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/19/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

32692

3M INNOVATIVE PROPERTIES COMPANY

PO BOX 33427

ST. PAUL, MN

55133-3427

TITLE

METHOD OF GROUPING AND ANALYZING CLINICAL RISKS, AND SYSTEM THEREFOR

FILING FEE RECEIVED 2680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____



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CONFIRMATION NO. 6751

SERIAL NUMBER 09/302,336	FILING DATE 04/29/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. 54839USA3A
APPLICANTS RICHARD FRANCIS AVERILL, SEYMOUR, CT; JON EISENHANDLER, BRISTOL, CT; NORBERT ISRAEL GOLDFIELD, NORTHAMPTON, MA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/19/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 31
INDEPENDENT CLAIMS 1				
ADDRESS 32692 3M INNOVATIVE PROPERTIES COMPANY PO BOX 33427 ST. PAUL, MN 55133-3427				
TITLE METHOD OF GROUPING AND ANALYZING CLINICAL RISKS, AND SYSTEM THEREFOR				
FILING FEE RECEIVED 2680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)	

SERIAL NUMBER 09/302,336	FILING DATE 04/29/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 54839USA3A	
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>RICHARD FRANCIS AVERILL, SEYMOUR, CT; JON EISENHANDLER, BRISTOL, CT; NORBERT ISRAEL GOLDFIELD, NORTHAMPTON, MA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED <u>SHOLE</u></p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>SHOLE</u></p> <p>**FOREIGN APPLICATIONS***** VERIFIED <u>SHOLE</u></p> <p>- IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/19/99</p> </div> </div>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>		STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 1
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> CHARLES L DENNIS II OFFICE OF INTELLECTUAL PROPERTY COUNSEL 3M INNOVATIVE PROPERTIES COMPANY P O BOX BOX 33427 ST PAUL MN 55133-3427 </div> </div>					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> METHOD OF GROUPING AND ANALYZING CLINICAL RISKS, AND SYSTEM THEREFOR </div> </div>					
FILING FEE RECEIVED \$2,680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> .16 Fees (Filing) <input type="checkbox"/> .17 Fees (Processing Ext. of time) <input type="checkbox"/> .18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		